## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	C C00495861
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee FUSE	Date of Public Distribution/Dissemination
FUSE	10 03 2016
Mailing Address 802 N 1st St	Amount
City State Zip Code	333153.00
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TJGH5 Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy (Estimate)  Category/ Type	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  Disb. 2016	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
FUSE	10 03 2016
Mailing Address 802 N 1st St	Amount
City State Zip Code	601160.00
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TJGJ3
Purpose of Expenditure  Redic Ad Ruy (Estimate)  Category/	Date of Disbursement or Obligation
Radio Ad Buy (Estimate)	10 03 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  77076195.03  Disb	ursement For: Primary   General  Other (specify) ▶
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	934313.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddic Ly	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Priorities USA Action	C C00495861	
Check if 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y	
	Date of Public Distribution/Dissemination	
FUSE	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 802 N 1st St	Amount	
City State Zip Code	1505.00	
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TN541 Date of Disbursement or Obligation	
Purpose of Expenditure Audio Production (Estimate)  Category/ Type	10 03 / 2016	
Name of Federal Candidate Support Office S	Sought: House District:00	
TRUMP, DONALD J, , ,	President Senate State:00	
Calendar Year-To-Date Per Election for Office Sought  77076195.03  Disburs 2016	ement For: Primary X General	
Full Name of Payee	Other (specify)   Date of Public Distribution/Discomination	
Precision Network LLC	Date of Public Distribution/Dissemination  10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1140 Connecticut Ave NW Ste 800	Amount	
City State Zip Code	7000000.00	
	ransaction ID : VNTYH9TN5W1 Date of Disbursement or Obligation	
Purpose of Expenditure Digital Ad Buy (Estimate)  Category/ Type	10 03 / 2016	
Name of Federal Candidate Support Office 9	Sought: House District:00	
TRUMP, DONALD J, , ,	President Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	7001505.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Speed, Greg, , , [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

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OF

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Priorities USA Action	C00495861
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of	Public Distribution/Dissemination
Shorr Johnson Magnus	M / D D / Y Y Y Y
Mailing Address 100 N 20th St Ste 201  Amount	
City State Zip Code	4906.65
Philadelphia PA 19103-1454 <b>Transac</b>	tion ID: VNTYH9TN559 Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate)  Category/ Type	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
TRUMP, DONALD J, , ,	Trodoc Biotricti
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Othe	For: Primary <b>X</b> General er (specify) ▶
Full Name of Payee Date of	Public Distribution/Dissemination
M -	M / D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	<u> </u>
Date of	Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	t Senate State:
Calendar Year-To-Date Per Election for Office Sought  Other	For: Primary General er (specify) ▶
Cuie	er (Specify) P
(a) SUBTOTAL of Itemized Independent Expenditures	4906.65
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7940724.65
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coo with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 10	05 2016
Signature	